2000

IDAHO SUPPLEMENTAL SCHEDULE

§ 39

TC20001

for Form 40 filers. If you are filing Form remative Energy Device Deduction. See a Acquired Type of Device 2000 1999 1998 1997	instructions, page 20. Total Cost		nis form.	Socia	al Security	Number
ernative Energy Device Deduction. See r Acquired Type of Device 2000 1999 1998	instructions, page 20. Total Cost		nis form.			
Type of Device 2000 1999 1998	Total Cost					
2000 1999 1998	\$	Pe				
2000 1999 1998			rcent			
1998	Φ.	X 4	-0% =	1		
	\$	X 2	.0% =	2		
1997	\$		20% =	3		
	\$	X 2	20% =	4		
otal deduction. Add lines 1 through 4. Ente	er here and on line 19, Fo	rm 40.		5		
rement Benefits Deduction. See instru		alified retire	ment ben	efits.		
single enter \$17,196, or if married filing joi	•	1				
•						
				4		
ualified retirement benefits included in feder	al income			5		
nter the smaller of lines 4 or 5 here and on I	ine 21, Form 40.			6		
laintaining a home for the aged and/or devel	opmentally disabled					
5. Other subtractions. Identify.						
otal other subtractions. Add lines 1 through	5. Enter on line 28, For	m 40.		6		
dit for Income Taxes Paid to Another S	tate. See instructions,	page 21.				
daho tax, line 40, Form 40		1				copy of the
daho adjusted income from line 30, Form 40						e for which
vivide line 2 by line 3. Enter percentage here	<u>)</u>	4	%	cre	edit is c	laimed.
fultiply line 1 by line 4. Enter amount here.				5		
other state's tax due less its income tax cred	lits			6		
when the ampallon of lines I ar / have and an l	ino 41 Forms 40					
		omethy Mamele	o			
		amily iviemb	er with a			
,						
•	3	•			Yes	No
					'	
-	•	•	-		Yes	No
		iay quaiiiy			ı	
•	Diete iiries 3 ariu 4.					
		1				T
Name of Family Member	Social Security Number					Check her developme
	Of Fairling Member	Tilling Retur	11 12	iiiiiiy ivi	ember	disabilit
ا otal amount claimed (\$100 for each gualifyi	na member but not more	than \$300).				
nter on line 61, Form 40.			4			
	alance. Line 1 minus lines 2 and 3. If less to the smaller of lines 4 or 5 here and on lear Subtractions. See instructions, page laintaining a home for the aged and/or develoan lottery winnings, less than \$600 per procome earned on a reservation by a Native A celf-employment health insurance there subtractions. Identify. Identify a different lines 4 or 5 here and on 1 minus and 1 lines 1 through line 2 by line 3. Enter percentage here alled lines 1 by line 4. Enter amount here. Inter state's tax due less its income tax crecitater the smaller of lines 5 or 6 here and on 1 minus and 1 lines 2 lines 3 lines 1 lines 1 lines 3 lines 1 lines 1 lines 1 lines 3 lines 1 lines 1 lines 1 lines 3 lines 1 lines 1 lines 1 lines 2 lines 3 lines 1 lines 3 lines 1 lines 3 lines 1 lines 1 lines 3 lines 1 lines 1 lines 3 lines 1 lines 3 lines 1 lines 1 lines 1 lines 3 lines 1 lines 1 lines 1 lines 3 lines 1	unlified retirement benefits included in federal income inter the smaller of lines 4 or 5 here and on line 21, Form 40. Ber Subtractions. See instructions, pages 20 and 21. Idintaining a home for the aged and/or developmentally disabled in also lottery winnings, less than \$600 per prize income earned on a reservation by a Native American intersection in the subtractions. Identify. Identify intersections. Identify intersection in the subtractions. Identify intersection intersecti	ocial Security benefits received alance. Line 1 minus lines 2 and 3. If less than zero enter zero alance. Line 1 minus lines 2 and 3. If less than zero enter zero alance. Line 1 minus lines 2 and 3. If less than zero enter zero alance. Line 1 minus lines 2 and 3. If less than zero enter zero alance and content of the aged and/or developmentally disabled alancholottery winnings, less than \$600 per prize and come earned on a reservation by a Native American elf-employment health insurance. The subtractions. Identify. Identify a subtractions. Add lines 1 through 5. Enter on line 28, Form 40. In the state's adjusted income and come earned on a great and adjusted income from line 30, Form 40. In the state's adjusted income and come and	acial Security benefits received	ocial Security benefits received	ocial Security benefits received alance. Line 1 minus lines 2 and 3. If less than zero enter zero. 4 ualified retirement benefits included in federal income nter the smaller of lines 4 or 5 here and on line 21, Form 40. For Subtractions. See instructions, pages 20 and 21. Iaintaining a home for the aged and/or developmentally disabled Iaho lottery winnings, less than \$600 per prize. 2 come earned on a reservation by a Native American. If less other subtractions. Identify. In the subtractions. Identify. In the subtractions. Identify. In the subtractions. Add lines 1 through 5. Enter on line 28, Form 40. In the subtractions. Identify. In the state's adjusted income from line 30, Form 40. In the state's adjusted income from line 30, Form 40. In the state's adjusted income from line 30, Form 40. In the state's tax due less its income tax credits. In the smaller of lines 5 or 6 here and on line 41, Form 40. In taining a Home for a Family Member Age 65 or Older, or a Family Member With a relopmental Disability. See instructions, pages 21 and 22. Ind you maintain a home for an immediate family member age 65 or older and provide more lan one-half of his/her support? You and your spouse may qualify. In the state's to either question, complete lines 3 and 4. Secal Security Number of Family Member Person of Family Member of Family Membe

Name(s) as shown on return	Social Secu		er
	l i	1	

PART II:	For Form 43	filers. If	vou are filing	Form 40.	use PART I	on the fron	t of this form.

A. Ot	her Subtractions.	See instructions,	pages 22 throu	gh 24.		Column A Total		Column B Idaho
1.	Adoption expense	S			1			Idano
2.	Maintaining a hom	ne for the aged and/or	r developmentally	disabled	2			
3.	Idaho lottery winn	nings, less than \$600	per prize		3			
4.		a reservation by a Na			4			
5.		sation insurance						
6.		eholder's pass-throug			6			
7.		residence	-		7			
8.		ipment donation			-			
9.		health insurance						
10.					9			
10.	Year	device deddetion						
		Type of Device	Total Cost	Percent				
	a. 2000		\$	X 40% =	10a			
	b. 1999		\$	X 20% =	10b			
	c. 1998		\$	X 20% =	10c			
	d. 1997		\$	X 20% =	10d			
11		gh 10d	<u> </u>		11			
	Retirement Benefi							
12.		\$17,196, if married	filing jointly ente	r \$25.794.	12a			See instructions,
		ad Retirement and Soc			12b			page 23, for qualified
		e 12a minus line 12b.	-		12c			retirement benefits to
		ement benefits includ			12d			be included on lines
		nefits. Lesser of line	-		12a			12d and 12f.
					12f			
		ement benefits includ			12g			%
		If by line 12d			12g 12h			70
10		nefits deduction. Line		-	13			
		s. Identify ctions. Column A, ad nes 11, 12h, and 13.						
B. Cr	edit for Income Ta	axes Paid to Anotholaim this credit. Idah	er State by Part	-Year Resid			-	_
1.	Idaho adjusted inc	come from line 45, Co	olumn B, Form 43		1		Δ	ttach a copy of the
	-	sted income			2			come tax return and
3.	_	and 2 taxed by both					1	separate Form 39 for
4		, Form 43					ea	nch state for which a
5.		ne 1. Enter percentaç				%	cr	edit is claimed.
6.		line 5					6	
7.		due less its income ta						
8.		e 2. Enter percentag				%		
9.	-	-					9	
		line 8				•••••		
10.		of lines 6 or 9 here ar					10	
	edit for Income Ta e instructions, pag	xes Paid to Anotherges 24 and 25.	r State by Idaho	Residents	on Acti	ve Military Duty.		
1.	Idaho tax line 56	, Form 43			1			Attach a copy of the
2.		sted income					1 i	income tax return and
	-							a separate Form 39 for
3.	•	come from line 45, Co			_	%		each state for which a credit is claimed.
4.	_	ne 3. Enter percentaç						ordan is diamited.
5.		line 4. Enter amount					5	
6.		due less its income ta					6	
7.	Enter the smaller of	of lines 5 or 6 here ar	nd on line 57, For	m 43.			7	